Request to Access: tixagevimab and cilgavimab (Evusheld®) – Adults

Please email completed forms to CTWG@health.qld.gov.au and nominated pharmacy delegate at your hospital

Please note: this medication is regulated by the National Medical Stockpile. Access to stock requires completion of this form and confirmation by the prescriber that the patient fulfils required criteria.

Supply of COVID-19 therapeutics is currently through the National Medical Stockpile (NMS) and availability may fluctuate with demand and constraints in the supply chain.

Please check your patient meets eligibility for these medicines prior to completing the form(s).

PATIENT DETAILS

Patient initials:

URN:

Patient DOB :

Gender: --Select one --

Patient weight:

HHS: -- Select one --

Hospital/Facility:

Is the patient pregnant? -- Select one --

Is the patient breastfeeding? -- Select one --

SEROLOGICAL STATUS

Has baseline COVID serology been performed? -- Select one --

Serology pathology provider: -- Select one --

Anti-IgG serology testing can be considered prior to administration of tixagevimab and cilgavimab (Evusheld®) but this is not a mandatory requirement.

ACCESS CRITERIA

The patient must meet ALL access criteria:

- ☐ Age ≥ 18 years (and weighing ≥ 40 kg). For use in children ≥12 years, use paediatric access form
- ☐ Moderate to severely compromised immune system (as defined below)

Indication:

- ☐ For prophylaxis
- ☐ For treatment

ADMINISTRATION

Date of administration:

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IMMUNOSUPPRESSION

Select all that apply:

Severely immunocompromised

- ☐ B or T cell depleting therapy within previous 12 months or planned to receive within 2 weeks

  Specify details: -- Select one --
- ☐ High does (> 1 g/m^2) cyclophosphamide within previous 12 months
- ☐ Receiving Bruton's tyrosine kinase (BTK) inhibitors

  Please select: -- Select one --
- ☐ Receiving JAK inhibitors
- ☐ Receiving Sphingosine 1-phosphate receptor modulators
- ☐ Receiving anti-complement antibodies
- ☐ Receiving anti-thymocyte globulin
- ☐ CAR-T/NK cell immunotherapy in previous 24 months
- ☐ Stem cell transplant (SCT)

  Please select: -- Select one --
- ☐ Haematological malignancy on active therapy
- ☐ Non haematological malignancy with current active treatment
- ☐ Solid organ transplant on immunosuppressive therapy

  Specify organ:
- ☐ HIV with CD4 count < 250 cells/mm^3 or unable to be established on effective antiretroviral treatment
- ☐ Combined primary immunodeficiency syndromes (including SCID)
- ☐ Common variable immunodeficiency (CVID) with additional T-cell defects, past opportunistic infection or requiring immunosuppressive therapy
- ☐ Newly diagnosed humoral immunodeficiency with baseline IgG < 3 g/L
- ☐ Unable to be immunised

Reasons why patient in unable to be immunised:

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Moderately immunocompromised

Patients who are moderately immunocompromised are less likely to derive clinical benefit from tixagevimab + cilgavimab (Evusheld®) unless they have other significant risk factors or the patient has not seroconverted post vaccination.

- ☐ Long term haemodialysis or peritoneal dialysis
- ☐ Primary immunodeficiency including combined immunodeficiency and syndromes, major antibody deficiency (e.g. common variable immune deficiency (CVID) or agammaglobulinemia), defects of innate immunity (including phagocytic cells), defects of immune regulation, complement deficiencies and phenocopies of primary immunodeficiencies.
- ☐ Patients on immunosuppressive therapy outside of severely immunosuppressed criteria
  Please specify immunosuppressant(s):

RISK FACTORS

Select applicable risk factors

- ☐ Age ≥ 50 years
- ☐ Aboriginal or Torres Strait Islander ≥ 30 years
- ☐ Obesity (BMI ≥ 30 kg/m^2)
- ☐ Renal impairment (eGFR < 60 mL/min)
- ☐ Serious cardiac conditions (heart failure, CAD, cardiomyopathies, hypertension)
- ☐ Respiratory compromise (e.g. COPD, mod-severe asthma, bronchiectasis)
- ☐ Diabetes (Type I or II requiring medication)
- ☐ Medical related technologic dependence (BiPAP, other ventilation not related to COVID-19)
- ☐ Neurodevelopment disorders (including Cerebral Palsy, Down's Syndrome etc)
- ☐ Sickle Cell Disease
- ☐ Patients with neuromuscular disease with respiratory muscle involvement
- ☐ Disability with multiple comorbidities or frailty
- ☐ Neurological conditions (e.g. stroke, dementia, demyelinating condition)
- ☐ Cirrhosis
- ☐ Patient in RACF
- ☐ Lack of access to higher level healthcare or remote (MMM Cat 5 or above)

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PRESCRIBER DETAILS

Prescriber full name:

Email:

Position: Phone:

APPROVER DETAILS (if required at your site)

Name of approving Infectious Diseases Physician/COVID delegate:

Email:

Position: Phone:

Date of approval:

Name of pharmacist consulted:

Acknowledgement

- ☐ I declare that the information provided is accurate at the time of completion
- ☐ I declare that I have discussed the risks and benefits of treatment with the patient and/or their carer and provided a Patient Information Leaflet
- ☐ I agree to report any adverse reactions via the local reporting process
- ☐ I agree to provide outcome information when requested